

COPY

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF VIRGINIA

TISSUE ANCHOR INNOVATIONS LLC,

Plaintiff,

v.

CIVIL ACTION NO.: 2:15 cv 473

ASTORA WOMEN'S HEALTH, LLC,

Defendant.

## SUMMONS IN A CIVIL ACTION

TO: ASTORA Women's Health, LLC  
The Corporation Trust Company, Registered Agent  
Corporation Trust Center  
1209 Orange Street  
Wilmington, DE 19801


A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) – or 60 days if you are the United States or a United States Agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) – you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorneys, whose names and address are:

Stephen E. Noona (VSB No. 25367)  
Email: [senoona@kaufcan.com](mailto:senoona@kaufcan.com)  
KAUFMAN & CANOLES, P.C.  
150 W. Main Street, Suite 2100  
Norfolk, VA 23510  
(757) 624-3000  
(888) 360-9092 Facsimile

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the Court.

CLERK OF COURT

Date: 10/29/15  
\_\_\_\_\_  
Signature of Clerk or Deputy Clerk

AO 440 (Rev 06/12) Summons in a Civil Action

2:15cv473

**PROOF OF SERVICE**

*(This Section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place), \_\_\_\_\_  
\_\_\_\_\_ on the (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of defendant) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization)  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_  
\_\_\_\_\_; or

☐ Other (specify): \_\_\_\_\_  
\_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
Server's signature

\_\_\_\_\_  
Printed name and title

\_\_\_\_\_  
Server's address

Additional information regarding attempted service, etc.: